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HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH ACTINIC KERATOSIS - RESULTS FROM PATIENTS TREATED IN DERMATOLOGY SPECIALIST CARE IN DENMARK

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OBJECTIVES: Actinic keratosis (AK) is a common skin condition associated with cumulative sun exposure that may progress to non-melanoma skin cancer. The disease can potentially influence Health Related Quality of Life (HRQoL), but studies of HRQoL in patients with AK are limited. The objective was to analyze HRQoL in patients with AK using generic and disease-specific HRQoL instruments and to analyze the relationship between instruments. **METHODS:** AK patients who visited dermatological clinics in Denmark were included in an observational, cross-sectional, study in a multi-center setting. Dermatologists assessed AK severity and patients completed: Actinic Keratosis Quality of Life Questionnaire (AKQoL), Dermatology Life Quality Index (DLQI), EQ-5D (5L), and EuroQoL Visual Analogue Scale (EQ-VAS). **RESULTS:** A total of 312 patients from 10 clinics were included in the analyses. In general, patients with AK reported impaired HRQoL. The mean values (possible range) were: AKQoL 6.7 (0-27), DLQI 2 (0-30), EQ-5D-5L 0.88 (0-1), and EQ-VAS 79 (0-100). HRQoL was least affected in patients with mild actinic disease, whereas patients with severe actinic damage suffered from further impaired HRQoL (mean AKQoL 10.1 and DLQI 4.6). The correlation between DLQI and AKQoL was moderate (0.52), whereas the correlations between DLQI and EQ-5D (-0.36) and between AKQoL and EQ-5D (-0.10) were weak. **CONCLUSIONS:** All patients with AK had impaired HRQoL. Patients with severe actinic damage were considerably more affected than those with mild disease. Correlations between instruments demonstrate that they are complementary as they measure different aspects of HRQoL and are used for different purposes. EQ-5D is essential for economic evaluations, the DLQI is responsive to changes in relation to treatment and AKQoL captures important aspects related to sun damaged skin.

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CATEGORICAL HEALTH STATES IN CHRONIC SPONTANEOUS URTICARIA (CSU) BASED ON THE WEEKLY URTICARIA ACTIVITY SCORE (UAS7): ARE THEY DISTINCT, DISCRIMINATIVE, AND REPRODUCIBLE?

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OBJECTIVES: Specific ranges of scores reflecting patient severity or changes in severity have not been established for average daily urticaria activity summed over 7 days (UAS7; range=0-42), a common measure for assessing CSU disease activity. This study evaluates whether five non-overlapping health states derived from the continuous UAS7 score can discriminate between patients with different severities of urticaria and are reproducible across multiple studies. **METHODS:** Data come from three randomised, double-blind, placebo-controlled Phase III clinical trials evaluating the effect of omalizumab on symptoms of patients with refractory CSU. Five CSU health states were defined: Urticaria-Free (UAS7=0); Well-Controlled Urticaria (UAS7=1-6); Mild Urticaria (UAS7=7-15); Moderate Urticaria (UAS7=16-27); Severe Urticaria (UAS7=28-42). Comparison variables included the Dermatology Life Quality Index (DLQI), a 10-item dermatologic QoL instrument (range=0-30; higher scores=greater QoL impairment); patient diary questions asking about sleep and activity interference; presence of angioedema; and number of diphenhydramine 25mg pills taken in previous 24 hours. Analyses established whether different UAS7 health states showed different values on comparison variables. Analyses were replicated across the trials at baseline and weeks 12,24, and 40 (ASTERIA I and GLACIAL) and baseline and weeks 12 and 28 (ASTERIA II). **RESULTS:** Mean values for comparison variables were lowest (zero or very close to zero) for patients who were Urticaria-Free and highest for those with Severe Urticaria. For Well-Controlled and Mild Urticaria comparison variable values increased. Larger increases in values occurred for Moderate and Severe Urticaria. Changes in categorical health state severity were highly related to categorical changes in DLQI ($p<0.001$ for all trials and time points). **CONCLUSIONS:** Categorical UAS7 health states show meaningful differences in mean values on comparison variables and are highly related to established levels of effect on dermatological QoL. Categorical UAS7 health states could be informative about subgroups for economic models and useful for clinical practice.

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THE BURDEN OF PRIMARY HYPERHIDROSIS ON THE PATIENT: EQ-5D-5L UTILITIES, WILLINGNESS TO PAY AND DAILY TIME SPENT IN MANAGING THE CONDITION

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OBJECTIVES: The objective of this study was to estimate the burden associated with primary hyperhidrosis by assessing patient's health utilities, willingness to pay (WTP) for a complete cure and daily time spent in managing the condition. **METHODS:** The data used in this study were collected under a longitudinal multi-stage research undertaken to develop and validate a new HRQoL instrument from patients with hyperhidrosis recruited through online social networking communities (Hyperhidrosis support group UK and International hyperhidrosis society) from January to August 2013. Only the baseline assessment is used in this analysis. Disease severity was measured using the Hyperhidrosis Disease Severity Scale (2 = for tolerable sweating, 3 =…barely tolerable sweating, 4 = intolerable sweating). The EuroQoL 5D-5L was used for assessing health utility index. **RESULTS:** EQ-5D health utility index was lower in patients with more severe hyperhidrosis [mean utility value =. 85± 0.13 for HDSS = 2,0. 8±. 15 for HDSS = 3, and 0.69±. 2 for HDSS = 4, chi-square = 25.86, df = 2, $p < 0.001$]. Further, the health utility index was. 64 ±. 22 for WTP £0,0. 81±0.16 for £ 1 to 49,. 81±15 for £ 50 to 99,. 76±. 16 for £100 to 199,. 79± for £ 200 to 299,. 71±. 19 for £300 or more. Patients spent a mean of 50±134 minutes (HDSS = 2), 65±119 minutes (HDSS = 3) and 161±293 minutes (HDSS = 4) for daily management of hyperhidrosis. WTP showed the lowest correlation to disease severity. **CONCLUSIONS:** The current study underscores the multidimensionality of the burden of hyperhidrosis, with all aspects showing greater impairment with greater disease severity. Health utility and daily time spent in managing the condition offered significant discrimination of patients.

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SUBJECTIVE EXPECTATIONS REGARDING LIFE EXPECTANCY AND HEALTH-RELATED QUALITY OF LIFE IN MODERATE TO SEVERE PSORIASIS PATIENTS

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OBJECTIVES: To assess psoriasis patients' subjective expectations regarding their future health-related quality of life (HRQOL) and life-expectancy, and to explore variables associated with under- or overestimating behaviour. **METHODS:** A cross-sectional questionnaire survey of adult moderate to severe psoriasis patients was carried out. Patients were asked to indicate the age they expect themselves to live. HRQOL expectations were measured by the EQ-5D descriptive system for 6 months ahead and for future ages of 60,70,80 and 90, respectively. Current health state was evaluated with EQ-5D and visual analogue scale (EQ VAS), Dermatology Life Quality Index (DLQI) and Psoriasis Area and Severity Index (PASI). **RESULTS:** Overall 167 patients (71% males) were included in the analysis with mean age of 50.38±12.35 years, mean EQ-5D, EQ VAS, DLQI and PASI scores were 0.71±0.30,65.3±21.08,5. 89±7.10 and 7.82±10.13, respectively. Currently 56% of the patients were on biological therapy. Patients expected 0.1±0.23 mean improvement in EQ-5D scores within 6 months ($p<0.001$); inverse or palmoplantar psoriasis, and using only topical treatment or initiation of the first biological at the time of the survey were likely associated with higher expectations. Males overestimated their life-expectancy by 2.94±11.86 years whereas females underestimated by 5.23±9.34 years ($p<0.001$) compared to the gender- and age-matched statistical life-expectancy. Expected mean EQ-5D scores for ages from 60 to 90 were: 0.56±0.48,0. 38±0.50,0. 15±0.55, and -0.17±0.54 ($p<0.001$), respectively that are lower than the general population norms in Hungary. Both for 6 months ahead and older ages, expected EQ-5D correlated moderately with current EQ-5D and EQ VAS and only weakly with DLQI and PASI ($p<0.05$). **CONCLUSIONS:** Patients expected considerable improvement in their HRQOL for the near future and large-scale deterioration for older ages. Exploring unrealistic expectations might help to prevent dissatisfaction with treatment benefits and to improve compliance.

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THE DECISION MAKING PROCESS IN RECEIVING BONE CONDUCTION IMPLANTS (BCI) FOR SINGLE SIDED DEAFNESS

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OBJECTIVES: The main objective of this study was to evaluate the process in which patients with single sided deafness proceed to receive bone conduction implants. Factors contributing to decisions for or against implantation were also compiled. **METHODS:** Using a comprehensive search strategy, several online databases were searched to identify studies published since 2002. Research involving adults and children with single sided deafness (SSD); and reporting on patient preference for receiving BCIs were included. Screening of titles, and data extraction and quality assessment of full papers were undertaken by one reviewer with any uncertainties resolved by consultation with a second reviewer. **RESULTS:** 16 studies were identified covering a total of 914 individuals diagnosed with SSD. All patients who trialled a CROS device preferred to receive a BCI. Acceptance of new generation CROS devices is suggested to be better but still low. Following a BCI Headband trial 19% to 77% of patients across studies (mean 51%) proceeded to receive a BCI. When reported, the most common reason for rejecting implantation was insufficient benefit with the Headband in speech in noise or insufficient/no relief from tinnitus. Studies assessing factors in decision making found that age, gender, aetiology, duration of hearing loss or the presence of contralateral hearing loss did not differ between individuals who decide for or against implantation. One study so far suggests the role of transcranial attenuation at 2 kHz and tinnitus loudness to play a role in decision making. **CONCLUSIONS:** When given the option to trial traditional treatments and BCI simulators/Headbands many patients with SSD reject BCIs. This research highlights the importance of providing such trials before implantation. It is still unknown which aspects play a role in decision making and identifying better candidates.

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THE BURDEN OF CHRONIC URTICARIA IN EUROPE: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To synthesize and analyze the available information on the burden of chronic urticaria (CU) [Patients' Reported Outcomes (PROs): Health related quality of life (HRQoL), adherence, satisfaction, preferences, use of medical resources and costs] in Europe. **METHODS:** A systematic review on PROs and costs of CU was performed. International (Pub Med, WOK, Scopus, Cochrane Library) and national (CSIC-IME, IBECS, MEDES) databases were consulted. Original articles, narrative/systematic reviews of studies developed in Europe, until December 2013 were retrieved. Editorials, letters/commentaries, and efficacy or economic evaluations of specific drugs were excluded. Costs were updated to €, 2013. **RESULTS:** 9 studies assessed HRQoL (3, Germany; 1, France, Greece, Italy, Spain, UK, Germany/France, respectively) and 1 satisfaction with treatments (Germany/France). No studies on adherence or preferences for treatments were identified. The CU-Q_2oL instrument, (0-100, higher value, worse HRQoL), was the most frequently used (n=4). Scores ranged from 18.4